	The state of the s
FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Herbert H (Ce Daytime Telephone:	US HOLE OF THE JUN 15 PM 2: 18
New Member of or Candidate for State: California U.S. House of Representatives District: \$9 Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to 1/24, 31, 1,2017	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of fling?	ing the reporting the date of filing? Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	eet all three tests for Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

39

Page_

9

O

For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is dependent child (DC), or jointly held with anyone (JT) in the optional column on the far left. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, For a detailed discussion of Schedule A requirements blease refer to the instruction booklet. f you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. ncome during the reporting period); and any financial nterest in, or income derived from, a federal nore than \$1,000 in interest-bearing accounts. or all IRAs and other retirement plans (such (do not use only ticker symbols). and (b) any other reportable asset or source of income etirement program, including the Thrift Savings Plan Exclude: Your personal residence, including second jeographic location in Block A. rental property," and a city and state. provide a complete address or description, or rental and other real property held for investment provide complete names of stocks and mutual funds omes and vacation homes (unless there was renta you so choose, you may indicate that an asset or come source is that of your spouse (SP) or Assets and/or Income Sources Examples: IRAs TRAS Salaies arthorships Restal more than ABC Hedge Fund Simon & Schuster Mega Corp Stock **BLOCK A** \$200 in "unearned 9.9. 딲 × If an asset was sold during the reporting period and is included only because it generated income, the value should specify the method used. indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please child in which you have no interest *Column M is for assets held by your spouse or depender None > be None. \$1-\$1,000 œ \$1,001-\$15,000 c \$15,001-\$50-000 o × \$50,001-\$100,000 ш Value of Asset × X \$100,001-\$250,000 **BLOCK B** X × \$250,001-\$500,000 G \$500,001-\$1,000,000 I マ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 -\$25,000,001-\$50,000,000 * Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000 the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income Check all columns that apply. For accounts that generate tax-deferred income (such as NONE 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, turing the reporting period. DIVIDENDS X RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BLIND TRUST X X TAX-DEFERRED 2 colum Partnership Traine. Royalies Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked 'Tax-Deferred' in Block C, you may check the 'None' column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income for assets held in taxable accounts. Check 'None' if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest. X X \$1-\$200 = × \$201-\$1,000 = \$1,001-\$2,500 ₹ ٧ Current Year \$2,501-\$5,000 ≤ X × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 × BLOCKD Spouse/DC income over \$1,000,000* ≚ None \$1-\$200 = $\mathbf{x}|\mathbf{x}$ \$201-\$1,000 ≡ × 7 \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 × ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × ≥ Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000

ጓጸኝ

8

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Herbert lea

									ĺ			\$		×	ካ ጸ.ቄ					
												3		3	.31.0					>
												Z.	ב							BLOCK A Assets and/or Income Sources
		:]				ì	1	*	X)	>					ğ
												2		12	ASSET NAME				3	
												ž	3	8	1					or inco
												morney	£	alawes	M.					Ĭ
												}	Insurane	•						လ္က
			ļ										3							Š
			L					<u> </u>				Ļ		<u> </u>						Š
															품					
														マ		None	>	•		
																\$1-\$1,000	đ			
												Ī				\$1,001-\$15,000	c	,		
																\$15,001-\$50,000		,		
																\$50,001-\$100,000	п			~
												X				\$100,001-\$250,000	7	,		BLOCK B Value of Asset
																\$250,001-\$500,000	G	,		ue of As
												T				\$600,001-\$1,000,000		-		e
													×			\$1,000,001-\$5,000,000	_	-		ě
											П					\$5,000,001-\$25,000,000	٠	-		
																\$25,000,001-\$50,000,000	,	ς .		
																Over \$50,000,000	-	-		
													Ī			Spouse/DC Asset over \$1,000,000*	3	=		
-												Y	X			NONE				
									l			1		-		DIVIDENDS				
			 	-	 			†	 		 	 				RENT				_
	-		_				 		 	 		 	ļ	 		INTEREST			1	Type of Income
		_	-		-		-	 	 		├	 	├	├						e of inc
<u> </u>					<u> </u>	ļ	ļ		<u> </u>		ļ		ļ	<u> </u>		CAPITAL GAINS				5 8
			ļ		<u> </u>	ļ			<u> </u>	_	ļ	ļ		ļ	ļ	EXCEPTED/BLIND TRUST				ğ
_					ļ		ļ		ļ		<u> </u>	ļ		<u> </u>		TAX-DEFERRED				0
														Solar		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
												X	X			None	_			
	ļ <u>-</u>	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>					ļ			<u> </u>	\$1-\$200	=			
<u> </u>				<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	ļ	<u> </u>			ļ		\$201-\$1,000	₩.			
					lacksquare	lacksquare			<u> </u>	ļ	<u> </u>	<u> </u>	ļ	ļ	ļ	\$1,001-\$2,500	₹		1	
					<u> </u>	<u> </u>		1	ļ	ļ	<u> </u>	ļ	<u> </u>	ļ		\$2,501-\$5,000	<	Ę	i .	
		ļ.,	<u> </u>	ļ	ļ	<u> </u>		ļ.,	ļ	<u> </u>	ļ	ļ	<u> </u>	ļ		\$5,001-\$15,000	_≤	9		
<u> </u>	ļ	<u> </u>	<u> </u>		<u> </u>	 	<u> </u>	ļ	 	 	ļ	<u> </u>	ļ	×	 	\$15,001-\$50,000	≦	Current Year		
	 		ļ		ļ		ļ	-	ــــــ	 	 	_	<u> </u>	<u> </u>	 	\$50,001-\$100,000	EIA.	ř		
L_	ļ	L.	١	ļ	_	 	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	┞	\$100,001-\$1,000,000	×			
		ļ		<u> </u>	_	ļ		_	<u> </u>	ļ	ļ	<u> </u>	<u> </u>	ļ	 	\$1,000,001-\$5,000,000	×			Amount of Income
		<u> </u>	<u> </u>	<u> </u>		<u> </u>	_	<u> </u>	 		_	_	<u> </u>		ļ	Over \$5,000,000	×		8	
<u> </u>				<u> </u>	<u> </u>	-	<u> </u>	-		ļ	ļ .		1	ļ	ļ	Spouse/DC Income over \$1,000,000*	절	L	3	
		ļ	ļ	ļ	ļ	ļ	ļ	ļ	 	ļ	1.	X	X	ļ	 	None				7 6
	ļ	ļ	 	├	↓	<u> </u>		ļ	↓	-	ļ	↓	-	-	<u> </u>	\$1-\$200	=			ġ
		<u> </u>	<u> </u>	├		-	 	 	ļ	 	 -	ļ	ļ	 		\$201-\$1,000	#		7	5
				-	-	_	-				-	┿	<u> </u>	_		\$1,001-\$2,500	₹	P		
		ļ						-								\$2,501-\$5,000	<	Preceding Year	1	
<u> </u>	-		-	-		-	-				111				-	\$5,001-\$15,000	5	Ē		
-	 -				-	<u> </u>	-	╀	 		-	ļ		X		\$15,001-\$50,000	A 85	9 4		
\vdash	\vdash				\vdash	\vdash	\vdash	\vdash	-	-				1		\$50,001-\$100,000	VIII I	ear		
-	\vdash			\vdash	-	\vdash	-	-		-	1	+	_			\$100,001-\$1,000,000				
-				100	-	-	-		-		-	-			11000	\$1,000,001-\$5,000,000	×			
			-					-								Over \$5,000,000	×			
		ŀ		1				!			ļ	l	1			Spouse/DC Income over \$1,000,000*	¥			

SCHEDULE C - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	ı	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
\Box	Honorarium	80 08	\$500
Examples: Onterior Resilvation Chill War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speer th Spouse Salary	\$0 \$0 N/A	\$1,000 N/A
Ilane Pryskie Mosern Contes , Wh	Salan	\$ 17,819.0	942,710.w
Inne Treetie Much (good Un	Silay (spone)	\$ 36,069.00	8 9375WW
Advance Health medsa	medre speak	0	\$50000 (3/1/2)
Taren THENTER PORME Center, IN	Salan	F21,666.00	\$52,000.0
	•		

SCHEDULE D - LIABILITIES

Name: Page_ Q

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

					SP, DC, JT		
				Example			
			MUNE	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
I					\$15,001- \$50,000	68	
					\$50,001- \$100,000	c	
I				×	\$100,001- \$250,000	0	,
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	п	of E
ľ					\$1,000,001- \$5,000,000	G	ability
					\$5,000,001- \$25,000,000	Ι	
ľ					\$25,000,001- \$50,000,000	-	
l					Over \$50,000,000	٠	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	modul disease of GZ det	(and director of medical deby	Position
	True France Break Cook We	Ilan Digesti Pogean Conte. Un	Name of Organization

S

		Date	Identify the date, parties to continuation or deferral of employer.	SCHEDULE F AGREEMENTS
		Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation is employer.	AGREEMENTS
		Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Heleclee Page Spor 6

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

good in the state of the state	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
I lay Disent Drian Ceste W	medial direct
Trem Tryin Time Continue of	